

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PFO-875)

SERIAL NO.

10/546628

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3		2	2			
4	8		7			
5			2			
6	2		2			
7			2			
8	11		2			
9	6		2			
10			2			
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50						
TOTAL IND.			21			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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